THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes, There have been 5611 laboratory confirmed cases of Influenza A H1N1 [swine flu] as on 10th September, 2009.

(b) World Health Organization has advised preparedness for a winter surge in influenza cases.

(c) and (d) Government of India is aware of the Global vaccine position and the WHO report. Government of India constituted a Committee under Secretary (Health Research) to address this issue. Regular meetings were held with potential Indian manufacturers and with those external sources from which vaccine can be imported.

Ministry of Health and Family Welfare is working on a two step strategy. Development of pandemic vaccine by indigenous manufacturers is being encouraged. Three companies (Serum Institute, Pune; Panacea Biotech; Gurgaon and Bharat Biotech, Hyderabad) are working towards this and it is expected that clinical trials would start in January 2010. If all goes well, indigenous vaccine would be available by June 2010.

To cover the interim period, Government of India is importing four million doses of Pandemic vaccine to vaccinate the high risk group. This vaccine would be available by December 2009.

Awareness against tobacco consumption among would be mothers

533. DR. ABHISHEK MANU SINGHVI:

SHRI VIJAY JAWAHARLAL DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that tobacco consumption leads to reduced birth weight of the foetus, decreased gestational age leading to premature babies, increased risk of still births and chances of anemia among adult pregnant women;

(b) whether as a part of pre-natal education and during pregnancy check-up, such an awareness will be created in the local language or dialect of the area; and

(c) whether a well co-ordinated programme would be structured through joint efforts of Ministries of Health, Rural Development and Women and Child Development, which should have both vocal and illusrative components?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI S. GANDHISELVAN): (a) Yes, Sir, As per available evidence, tobacco consumption during pregnancy leads to reduced birth weight of the foetus, decreased gestational age leading to premature babies and increased risk of still births.

(b) Counselling on the tobacco consumption has been included in the Guidelines for ante-natal care and Skilled Attendance at Birth for Auxiliary Nurse cum mid wives, Lady Health Visitors and Staff Nurses.

(c) The programme / scheme of the Government of India is conceived after due consultation with all the stake holders, including other Government of India Departments so as to have synergy of efforts. An inter-ministerial task force under the Chairmanship of Secretary (H & FW) has also been constituted to coordinate the program efforts.

Deteriorating sex-ratio in the country

534. SHRI PRAKASH JAVADEKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in comparison to 98th rank in 2008, India has slipped to 113th position in 2009 with regard to sex-ratio;

(b) if so, the details thereof;

(c) the details of sex-ratio in the country, State-wise;

(d) whether it is also a fact that birth rate of girl children is declining continuously; and

(e) if so, the reasons therefor and the details of the steps being taken by Government?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes, as per World Economic Forum study measuring gender equality around the world places India 113 among 130 countries. It has improved its overall ranking by one position, from 114th last year.

(c) and (d) State/UTs-wise Sex ratio and Child Sex ratio, as per 1991, and 2001 Census is given in the Statement (*See* below). As per Registrar General India (RGI) report, sex wise birth rate is not calculated.

The child sex ratio for the age group of 0-6 years in 2001 is 927 girl per thousand boys against 945 recorded in 1991 Census.

(e) The major reasons for declining sex ratios include Sex Selection followed by Female Foeticide, Female Infanticide, Early Childhood neglect of the girl child, son Preference Dowry, Insecurity and Male bias in Enumeration of Population. The step taken by the government include *inter-alia* the Constitution of a National Inspection & Monitoring Committee (NIMC) for detecting violation of the Act and conducting of raids, Monitoring through the Central Supervisory Board under the Union Minister of Health & Family Welfare, Creating awareness on the issue through various IEC mechanisms, sensitizing stake holders including the judiciary and public prosecutors, holding of workshops/seminars and community awareness through auxiliary Nursing Midwife (ANM) and Accredited Social Health Activist(ASHA), as well as facility for on-line filling of Form 'F' by clinics.